

**Claims :**

1. In the method of therapeutic management of infertility by programming of controlled ovarian stimulation (COS) and assisted reproductive procedures (ART) the improvement consisting of

- a) suppression of premature ovulation with an LHRH-antagonist in controlled ovarian stimulation (COS) and assisted reproductive techniques (ART) with multiple follicle and oocyte development
- b) programming the start of controlled ovarian stimulation (COS) by the administration of progestogen – only or combined oral contraceptive preparations
- c) exogenous stimulation of the ovarian follicle growth
- d) ovulation induction with HCG, native LHRH, LHRH-agonists or recombinant FSH
- e) application of assisted reproduction techniques, especially of IVF, ICSI, GIFT, ZIFT or by intrauterine insemination by sperm injection.

2. The method of claim 1 wherein in order to perform oocyte pick up and fertilization procedures during Mondays to Fridays the start of a menstrual cycle and of COS are programmed.

3. The method of claim 1 wherein the programming of the start of the menstrual cycle and of controlled ovarian stimulation procedures oral contraceptives or progestogen-only containing preparations are given in the follicular phase, preferably starting at menstrual cycle day 1 or 2 or in the late luteal phase of the previous menstrual cycle.

4. The method of claim 1 wherein the intake of the last tablet will preferably be on a Mondays to Thursdays to obtain start of menstrual bleeding and of ovarian stimulation therapy on Fridays to Mondays and thereafter, oocyte pick up and further ART procedures can be scheduled and undertaken on Mondays to Thursdays.

5. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the LHRH-antagonist is cetrorelix.

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6. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the LHRH-antagonist is teverelix.

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7. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the LHRH-antagonist is ganirelix.

8. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the LHRH-antagonist is antide.

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9. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the LHRH-antagonist is abarelix.

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10. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is performed by oral administration of progestogen preparations.

11. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is performed by oral administration of progestogen- only containing contraceptives.

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12. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is achieved by oral administration of combined monophasic contraceptive preparations containing

ethinylestradiol and progestogen.

13. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is undertaken by oral administration of biphasic contraceptive preparations containing ethinylestradiol and progestogen.

14. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is performed by oral administration of triphasic contraceptive preparations containing ethinylestradiol and progestogen.

15. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is performed by oral administration of contraceptive preparations containing mestranol and progestogen.

16. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is performed by the LHRH antagonist cetrorelix with a dosage of 0,5 to 10 mg administered during luteal phase .

17. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is performed by the LHRH antagonist teverelix with a dosage of 0,5 to 10 mg administered during luteal phase .

18. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is performed by

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the LHRH antagonist ganirelix with a dosage of 0,5 to 10 mg administered during luteal phase.

5 19. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is performed by the LHRH antagonist antide with a dosage of 0,5 to 10 mg administered during luteal phase.

10 20. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the programming is performed by the LHRH antagonist abarelix with a dosage of 0,5 to 10 mg administered during luteal phase .

15 21. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the stimulation is performed by administration of urinary or recombinant FSH or HMG, with or without recombinant LH.

20 22. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the ovarian stimulation is achieved with antioestrogens as for example clomiphene.

25 23. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the ovarian stimulation is achieved with the combination of antioestrogens with gonadotropins.

30 24. The method of therapeutic management of infertility by programming of COS and ART procedures according to claim 1 in which the ovarian stimulation is achieved with the combination of clomiphene with gonadotropins.